PART B - FEE(S) TRANSMITTAL

Complete and send t	his form, together w	ith i jicable f	ee(s), to: <u>Mail</u> or <u>Fa</u> x	Commissioner in P.O. Box 1450	E) for Fatents ginia 22313-1450					
appropriate. All further co- indicated unless corrected maintenance fee notification	rrespondence including the below or directed otherwis ns.	Patent, advance or e in Block 1, by (a	E FEE and PUB	LICATION FEE (if rea	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for				
	CE ADDRESS (Note: Use Block 1 for 10/06/2004	r any change of address)		Fee(s) Transmittal. T papers. Each addition have its own certification	of mailing can only be used in this certificate cannot be used that paper, such as an assignmente of mailing or transmission.	for any other accompanying ent or formal drawing, mus				
	Morin & Oshinsky LL	BIPER	<u>;</u>	I hereby certify that States Postal Service addressed to the Matransmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is bein with sufficient postage for fin ail Stop ISSUE FEE address PTO (703) 746-4000, on the	ismission ag deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.				
-		JAN 0 6 2005 H	<i>.</i> j	01/07/2005 HLE444	00000149 09550816	(Depositor's name)				
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APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
09/550,816 TITLE OF INVENTION: A	04/18/2000 CTIVE PIXEL SENSOR W SMALL ENTITY	/ITH REDUCED FI	:		08305-072001 TOTAL FEE(S) DUE	2139				
nonprovisional	YES	<u> </u>	<u> </u>	\$0	\$685	DATE DUE				
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JERABEK, KELLY L		ART UNI	NIT CLASS-S UBCLASS		_					
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Us RESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion	Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT	(1) the names of or agents OR, a (2) the name of registered attorn 2 registered pate listed, no name HE PATENT (printleta will appear of a substitute for file	a single firm (having as ney or agent) and the narent attorneys or agents. It will be printed. at or type)	a member a mes of up to f no name is mee is identified below, the desired and the meeting	and Oshinsky III				
4a. The following fee(s) are	assignee category or catego	Pries (will not be pri	Boise, ID	: 🗖 Individual 🚨 C	corporation or other private gro	oup entity Government				
Issue Fee			A check in the amount of the fee(s) is enclosed.							
Advance Order - # of	mall entity discount permitte Copies 5		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).							
	MALL ENTITY status. See	e) 37 CFR 1.27.	⊠ b. Applicant is	no longer claiming SMA	LL ENTITY status. See 37 Cl	FR 1.27(g)(2).				
NOTE: The Issue Fee and Puinterest as shown by the reco	s requested to apply the Issi iblication Fee (if) required) v rds of the United States Pati	vill) not be accepted ept and Trademark (on Fee (if any) or from anyone other Office.	to re-apply any previous than the applicant; a reg	ly paid issue fee to the applica istered attorney or agent; or the	ation identified above. The assignee or other party in				
Authorized Signature	Ja Co	?		Date	16/05					
Typed or printed name T	nomas J. D'Amic	0		Registration	No. 28,371					
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PTO/SB/17 (12-04)

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	Complete if Known											
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 0		09/550,816-Cd	09/550,816-Conf. #2139					
FEE TRANSMITTAL				7 ming 2 date		April 18, 2000						
				First Named Inventor Anders		Anders Anders	rs Andersson					
For FY 2005				Examiner Name K. L. Jerabe			,					
Applicant claims small entity status. See 37 CFR 1.27				7 tt Ont		2612						
TOTAL AMOU		Attorney Docket No. M4065.0787/F			2787							
METHOD OF PAYMENT (check all that apply)												
Check X Credit Card Money Order None Other (please identify):												
X Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP												
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FEE CALCULATION												
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Signature	Jac	Jaco			28,371	Telephone	(202) 828	-2232				
Name (Print/Type) Thomas J. D'Amico						Date	January 6	, 2005				